

Suicide Risk Factors vs Protective Factors

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Many psychiatric units require that you add suicide risk factors vs protective factors to your progress notes or treatment plans. This is usually dictated by Joint Commission site surveys. Here we provide a handy list of risk and protective factors to help in your assessment and documentation of a patient’s level of suicide risk. You can use this determination to recommend the appropriate level of nursing observation.

RISK FACTORS FOR SUICIDE	PROTECTIVE FACTORS
<ul style="list-style-type: none"> ● Noncompliant with treatment ● Hopelessness ● Major depressive episode ● Mixed affective episode ● Psychosis ● Command and hallucinations to hurt self ● Highly impulsive behavior ● Agitation or severe anxiety ● Current intoxication ● Chronic pain or other serious condition ● Refusal to engage in safety planning ● Recent loss or other significant negative event ● Recent preparatory behavior to kill oneself ● Gun present in the home ● History of recent psychiatric hospitalizations ● History of past suicide attempt ● History of past self-injurious behavior ● History of extreme/lethal behaviors ● Recent alcohol/drug use ● Age: adolescents and young adults; elderly individuals ● Gender: Males>Females ● Race: White/Caucasian individuals; indigenous populations ● Family history of suicide 	<ul style="list-style-type: none"> ● Planning for the future ● Immediate social supports ● Engages in treatment/safety planning ● Core values/religion ● Self-protective behaviors/attempting to secure resources for self ● Engaged in work or school ● Marital status ● Restricted access to highly-lethal means

Suicide Risk Levels and Nursing Interventions:

Low Risk:

- Observation at 30-minute intervals.
- Permitted off-unit activities, supervised by a nurse.
- Full access to recreational activities, including those requiring items like scissors and pens.

Medium Risk:

- Observation at 15-minute intervals.
- Confined to the unit.
- Supervised access to recreational activities, with certain limitations.

High Risk:

- Continuous visual observation.

- Institute 1:1 Observation if you deem this to be necessary.
- Strictly no access to recreational activities involving sharp or potentially harmful objects.